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AUG 16 2005

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of )

GILL )

Application No. 10/622,936 )

Filed: 07/18/2003 )

For: SENSOR WITH IMPROVED )  
SELF-PINNED STRUCTURE )

Group Art Unit: 2653

Examiner: HEINZ, Allen J.

Attorney Docket No. HIT1P026/  
HSJ920030145US1

Date: August 16, 2005

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being facsimile  
transmitted to the Commissioner for Patents via facsimile to fax  
number: (571) 273-8300 on August 16, 2005.

Signed:

*April U. Skovmand*  
April U. Skovmand

AMENDMENT A

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Examiner:

In response to the Office Action mailed May 17, 2005, please enter the  
following amendments believed to place the claims in condition for allowance.

08/17/2005 RFEKADU1 00000006 502587 10622936

01 FC:1201 1000.00 DA

HIT1P026/HJ920030145US1

- 1 -

AUG. 16. 2005 4:47PM  
TO: USPTO

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## FAX COVER SHEET

Date: August 16, 2005	Phone Number	Fax Number
To: Examiner Heinz		(571)273-8300
From: Dominic M. Kotab		

Docket No.: HIT1P026/HSJ920030145US1

App. No: 10/622,936

Total Number of Pages Being Transmitted, Including Cover Sheet: 18

<p>Message:</p> <p>Please deliver to examiner Allen J. Heinz.</p> <p>Thank you,</p> <p>Dominic M. Kotab</p>
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☐ Original to follow Via Regular Mail ☒ Original will Not be Sent ☐ Original will follow Via Overnight Courier

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\*\*\*\*\*

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ANY OTHER DIFFICULTY, PLEASE PHONE Erica  
AT (408) 971-2573 AT YOUR EARLIEST CONVENIENCE

August 16, 2005

## PATENT

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Application No.: 10/622,936

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HSJ920030145US1

Examiner: HEINZ, Allen J.

Group Art Unit: 2653

Date: August 16, 2005

CERTIFICATE OF FACSIMILEI hereby certify that this correspondence is being facsimile  
transmitted to Commissioner for Patents via facsimile to fax number  
(571) 273-8390 on August 16, 2005.

Signed:

  
April U. SkovmandCommissioner for Patents  
P.O. Box 1450  
Alexandria, VA 2233-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims Remaining After Amendment	Highest Previously Paid For	Present Extra	SMALL ENTITY RATE FEE	OR	LARGE ENTITY RATE FEE
TOTAL CLAIMS	20	20	00	X25 = \$ 0	OR	X50 = \$ 0
INDEP CLAIMS	08	03	05	X100 = \$	OR	X200 = \$ 1,000

[ ] Multiple Dependent Claim Present  
and Fee Not Previously Paid

\$0

\$0

TOTAL

\$

\$1,000

Applicant(s) hereby petition for a month extension of time to respond to the outstanding Office Action.

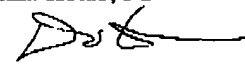
Applicant(s) believe that no Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-2587.



Enclosed is our Check No. in the amount of \$ to cover the additional claim fee and/or extension of time fees.



If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 50-2587 (Order No. HIT1P026). A copy of this sheet is enclosed for billing purposes.

Respectfully submitted,  
Zilka-Kotab, PC  
Dominic M. Kotab  
Registration No. 42,762P.O. Box 721120  
San Jose, CA 95172-1120  
Telephone: (408) 971-2573

(Revised 1/96)